

## Public Service Commission State of North Dakota

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July 20, 2009

Mr. Jeff Fleischman, Director Casper Field Office Office of Surface Mining PO Box 11018 Casper WY 82602-5004

Dear Mr. Fleischman:

This letter and attachment is the third quarterly report for North Dakota's FY 2008 Underground Mine Map Grant (e-grant S08AP12777). The report covers the three month period that began March 1, 2009 and ended May 31, 2009. A completed Financial Status Report, SF 269, is enclosed that shows no expenditures during the reporting period.

While there were no charges to this grant by May 31<sup>st</sup>, computer equipment had been ordered to support the development of our Abandoned Mine Map and Information System. Also, by the end of this reporting period, arrangements had been finalized for a temporary employee to begin work under this grant. However, this work did not begin until the start of the fourth quarter of this grant.

If you have any questions, please contact Gloria Geiger or me.

Sincerely,

James R. Deutsch

Director

**AML Division** 

Enclosure

cc:

Frank Atencio (e-mail)

Ginger Kaldenbach (e-mail)

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## FINANCIAL STATUS REPORT

(Long Form)

Federal Agency and Organizational Element to Which Report is Submitted     2.			Federal Grant or Other Identifying Number Assigned by Federal Agency			OMB Approval No. 0348-0039	Page	of 1
U.S. Department of Interior Office of Surface Mining -		E	E-Grant S08AP12777			0348-0037		Pages
3. Recipient Organization (Name and complete address, including ZIP code) PUBLIC SERVICE COMMISSION 600 E. Boulevard Ave. Dept 408 Bismarck ND 58505-0480								
4. Employer Identification Number 45-0309764  5. Recipient Acc		ount Number or Identifying Number			6. Final Report [] Yes [X] No	7. Basis [x] Cash [] Accrual		
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)  9-1-08  To: (Month, Day 11-30-09 (as external to the second of the second					To: (Month), Day, Year) 5-31-09			
10. Transactions:			I Previously Reported		II This Period	III Cumulative		
a. Total outlays			0		0		0	
b. Refunds, rebates, etc.			0		0		0	
c. Program income used in accordance with the deduction alternative			0		0	0		
d. Net outlays (Line a, less the sum of lines b and c)			0		0		0	
Recipient's share of net outlays, consisting of:  e. Third party (in-kind) contributions			0		0		0	
f. Other Federal awards authorized to be used to match this award			0		0		0	
g. Program income used in accordance with the matching or cost sharing alternative			0		0		0	
h. All other recipient outlays not shown on lines e, f, or g			0		0		0	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)				0		0		0
j. Federal share of net outlays (line d less line i)				0		0		0
k. Total unliquidated obligations						Property of the second		0
Recipient's share of unliquidated obligations						Three blan		0
m. Federal share of unliquidated obligations			40	Park Bar		Property of the field of the second		0
n. Total federal share (sum of lines j and m)			25 (21 (12)	100	100	and March Peppers		0
o. Total federal funds authorized for this funding period					a de la	14,887.00		
p. Unobligated balance of federal funds (Line o minus line n)			00 aga 25		100			14,887.00
Program income, consisting of: q. Disbursed program income shown on lines c and/or g above			AND LOSE	eri Present	10	nterestado A de la composição La composição		0
r. Disbursed program income using the addition alternative			nergia de la composición del composición de la composición de la composición del composición de la composición del composición de la composición del composición del composici			0		
s. Undisbursed program income			1			ja 14. september 1991. Propinsi Salah Salah Salah		0
t. Total program income realized (Sum of lines q, r and s)						CARLES CONTRACTOR		0
11. Indirect	a. Type of Rate (Place "X" in appropriate box)  [ ] Provisional [ X ] Predetermi		ned [] Final		[	] Fixed [] Propose	ed	
Expense	b. Rate N/A		c. Base	0	d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation								
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents								
Typed or Printed Name and Title			Telephone (area code, number and extension)					
James R. Deutsch Director, AML Division			(701) 328-2251					
Signature of Authorized Certifying Official			Date Report Submitted					
Jewell Levels			July 20, 2009					